

## 2018 Health, Dental and Vision Premiums

Non-High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	\$88.00	\$44.00	\$219.00	\$109.50
IYC Plan without Dental	\$85.00	\$42.50	\$211.00	\$105.50
Access with Dental (required to work out of state)	\$138.00	\$69.00	\$347.00	\$173.50
Access without Dental (required to work out of state)	\$135.00	\$67.50	\$339.00	\$169.50
Access with Dental	\$266.00	\$133.00	\$664.00	\$332.00
Access without Dental	\$263.00	\$131.50	\$656.00	\$328.00

High-Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP IYC Plan with Dental	\$33.00	\$16.50	\$82.00	\$41.00
HDHP IYC Plan without Dental	\$30.00	\$15.00	\$74.00	\$37.00
HDHP Access with Dental (required to work out of state)	\$83.00	\$41.50	\$210.00	\$105.00
HDHP Access without Dental (required to work out of state)	\$80.00	\$40.00	\$202.00	\$101.00
HDHP Access with Dental	\$211.00	\$105.50	\$527.00	\$263.50
HDHP Access without Dental	\$208.00	\$104.00	\$519.00	\$259.50

2018 Monthly Premiums	Employee	Employee + Spouse	Employee + child(ren)	Family
EPIC Benefits+ Without Vision	\$21.38	\$42.76	\$42.76	\$64.14
EPIC Benefits+ With Vision	\$25.02	\$49.16	\$49.16	\$73.58
Dental Wisconsin Select	\$21.04	\$43.24	\$49.90	\$73.36
Dental Wisconsin PPO	\$22.38	\$47.40	\$52.98	\$80.10
Anthem DentalBlue Supplemental Plan	\$19.56	\$39.14	\$39.14*	\$58.73**
Anthem DentalBlue PPO	\$19.15	\$38.29	\$38.29*	\$63.18**
Anthem DentalBlue Dentacare HMO	\$18.47	\$36.94	\$36.94*	\$59.09**
VSP	\$6.54	\$13.08	\$14.73	\$23.54

\*Premium for Employee + 1

\*\*Premium for Employee + 2 or more